2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

ANNUAL REPURI			Secretary of State	
DOCUMENT # L0000002184			Sec	retary of State
MAS TREE RIDGE, LLC				
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			4. FEI Number 59-3694964	Applied For Not Applicable
			5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Cu	rent Registered Agent			
PEASE, THOMAS E			DO NOT W	RITE
CLEARWATER, FL 33761		IN THIS SPACE		
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named entity submits this statement on sof registered agent.	ant for the purpose of changing its register	I ed öffice or register	ed agent, or both, In the State of Flo	rida. I am familiar with, and accept
Signature, typed or printed name of registered	agent and title if applicable (NOTE: Registers	d Agent signature required	when reinstating)	DATE
iling Fee is \$50.00 ue by May 1, 2005				
MANAGING MI	MBERS/MANAGERS	÷÷	and the state of t	······································
MGRM PEASE, THOMAS E				
3025 ARBOR OAKS DR				
TARPON SPRINGS, FL 348	\$88	1	· · · · · · · · · · · · · · · · ·	131 895 6
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	MENT # L000000 MAS TREE RIDGE, LLC e of Business 9, SUITE 130 R, FL 33761 ONOT WRITE 6. Name and Address of Current HOMAS E 19, SUITE 130 ATER, FL 33761 named entity submits this statement ions of registered agent. Signature typed or printed name of registered ling Fee is \$50.00 ue by May 1, 2005 MANAGING ME MGRM PEASE, THOMAS E 3025 ARBOR OAKS DR	MENT # L00000002184 MAS TREE RIDGE, LLC e of Business 9, SUITE 130 29605 US 19, SUITE 130 CLEARWATER, FL 33761 DO NOT WRITE IN THIS SPAN 6. Name and Address of Current Registered Agent HOMAS E 19, SUITE 130 ATER, FL 33761 named entity submits this statement for the purpose of changing its register ions of registered agent. Signature, hyped or printed name of registered agent and tall if applicable (NOTE: Registered tall into the purpose of t	MENT # L00000002184 If AS TREE RIDGE, LLC I	MENT # L00000002184 AS TREE RIDGE, LLC e of Business 9, SUITE 130 29605 US 19, SUITE 130 CLEARWATER, FL 33761 DO NOT WRITE IN THIS SPACE 1. FEI Number 59-3694964 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HOMAS E 19, SUITE 130 VITER, FL 33761 DO NOT W IN THIS SP named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floors of registered agent. Signature, hyeed or private name of registered agent and this if applicable MANAGING MEMBERS/MANAGERS MGRM PEASE, THOMAS E 3025 ARBOR OAKS DR TARPON SPRINGS, FL 34688

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE: COCCE
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/16/05

727-785-746

Daytime Phone #